

Virginia
DOR
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Discipline	Initial Program Fee	Program Hours	Program Code	✕	Refresher Program Fee	Program Hours	Program Code	✕
Worker	\$ 1,600.00	32	3320	<input type="checkbox"/>	\$ 400.00	8	3321	<input type="checkbox"/>
Supervisor	\$ 2,000.00	40	3322	<input type="checkbox"/>	\$ 400.00	8	3323	<input type="checkbox"/>
Inspector	\$ 1,200.00	24	3324	<input type="checkbox"/>	\$ 200.00	4	3325	<input type="checkbox"/>
Management Planner	\$ 800.00	16	3326	<input type="checkbox"/>	\$ 200.00	4	3327	<input type="checkbox"/>
Project Designer	\$ 1,200.00	24	3328	<input type="checkbox"/>	\$ 400.00	8	3329	<input type="checkbox"/>
Project Monitor- <i>Comprehensive</i>	\$ 2,000.00	40	3337	<input type="checkbox"/>	\$ 400.00	8	3336	<input type="checkbox"/>
Project Monitor <small><i>For Accredited Supervisors & Project Designers</i></small>	\$ 800.00	16	3335	<input type="checkbox"/>				

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|-----------------------|------|-----|--------------|----|----------------|------------|
| OFFICE
USE
ONLY | DATE | FEE | CLASS OF FEE | 33 | LICENSE NUMBER | ISSUE DATE |
|-----------------------|------|-----|--------------|----|----------------|------------|

11. Enter the name and title of your company management, i.e., the sole proprietor of a sole proprietorship, the partners of a general partnership, the managing partner of a limited partnership, the officers and/or directors of an association, the managers of a limited liability company, or the officers of a corporation.

First Name	MI	Last Name	Generation (JR, SR, etc.)	Date of Birth	Social Security Number *	Title
					- -	
					- -	
					- -	
					- -	

12. Enter the name of the program Training Manager, Principal Instructor and other Instructors in the following table.

Title	First Name	MI	Last Name	Social Security No.
Training Manager				- -
Principal Instructor				- -
Instructor				- -
Instructor				- -
Instructor				- -

13. Does your company hold a current or expired program accreditation issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No ☐

Yes ☐ If yes, please indicate the type of programs that were accredited by the Virginia board.

	Initial	Refresher
Worker	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Inspector	<input type="checkbox"/>	<input type="checkbox"/>
Management Planner	<input type="checkbox"/>	<input type="checkbox"/>
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>
Project Monitor- <i>Comprehensive</i>	<input type="checkbox"/>	n/a
Project Monitor	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you hold a current or expired environmental remediation license issued by the Virginia Board for Asbestos, Lead and Home Inspectors?

No ☐

Yes ☐ If yes, please enter the Virginia license number(s) and expiration date(s) below.

Asbestos License Number	Expiration Date	Lead License Number	Expiration Date

15. Has your company or instructor(s) ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, list the jurisdiction in which the disciplinary action took place, the license number and the name of the company and/or individual(s) involved in the disciplinary action. Provide an explanation of events, including a description of the disciplinary proceeding and the type of sanctions that were imposed (i.e., suspension, revocation, voluntary surrender of license, monetary penalty, fine, reprimand, etc.). Attach copies of any correspondence or documentation (including a copy of the final order, decree or case decision) related to this matter. If necessary, you may attach a separate sheet of paper.

16. A. Has your company or instructor(s) ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐ Yes ☐ If yes, please provide the information requested in #16.C.

- B. Has your company or instructor(s) ever been convicted in any jurisdiction of **any misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐ Yes ☐ If yes, please provide the information requested in #16.C.

- C. If you answered "yes" to either question #16.A. or #16.B., list the name of the business and/or individual and the felony and/or misdemeanor conviction(s). Attach a copy of all applicable criminal conviction, state police and court records; information on the current status of incarceration, parole, probation, etc.; and any other information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, etc.). If necessary, you may attach a separate sheet of paper.

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company and/or instructors are subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I, the training company management, and the instructors understand, and have complied with, all the laws of Virginia related to licensure and environmental remediation under the provisions of Title 54.1, Chapters 1, 2, 3, and 5 of the *Code of Virginia* and the *Virginia Asbestos Licensing Regulations*. I also certify that the training program and each instructor meet the minimum requirements established in the *Virginia Asbestos Licensing Regulations*.

Signature _____

Date _____